Effective October 1,2894								10/8/0389						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	Г ЕКПТҮ			_	RTHAN	
	TOTAL CLAIF	MS	1 1001	. Toolonary Jeolonary			7.	RATE	E FEE		OR		ΕΝΠΥ	
FOR								BASIC F				RATE	FEE	
H				NUMBER FILED		NUMBER EXTRA		BASICI	€€ 395	.00	OR	BASIC FEI	790.0	0
TOTAL CHARGEABLE, CLAIMS			S	minus 20=	•	:		x 25			OR	x.50		
11	NDEPENDENT		ininus 3 =	*	•		x 100	2		OR	×200		_	
N	IULTIPLE DEP	ENDENT CLAIR	PRESENT	RESENT								7.00		-
•	If the differen	ce in column 1	is less than	ess than zero, enter "0" in column 2				+/30			DR	+360		_
CLAIMS AS AMENDED - PART II								TOTAL		J°	P	TOTAL	٠,	_
		CLAIMS AS (Column 1		(Column 2) (Column 3)				IAME	ENTIT	Y 0	R	OTHER SKALL:		
AMENDMENT A	Ы	CLAIMS		HIGHE		(Column 3)	Г		ADD		1	NISCE.		_
	11105	REMAINING AFTER		PREVIO	USLY EXTRA			RATE	EVITONA			RATE	ADDI TIONAL FEE	- 1
	Col	AMENDMENT	r	PAIDF			-		FEE		-			
	Total	141	Minus	-4		=		x 25	Λ	o	я	×50.		į
AME	Independent		Minus	1 1 7]	=	; [×100		0	R	x200	7	7
	FIRST PRES		L 100		∇	٦	12/2	1	7					
		•					L	+ 180 TOTAL		$\frac{1}{2}$	L	+360	-7	4
							AE	ON, FEE			R A	DOIT FEE		4
-		(Column 1)	·	(Column HIGHES		(Column 3)	_	·····	,	_	_			إ
ARCONOCIANT B		REMAINING AFTER		PREVIOU PARTO	R SLY	PRESENT EXTRA		RATE,	ADDI TIONA FEE	L		RATE	ADDI- TIONAL FEE	
	Total	ľ	Minus	1-4		=	· ·	. 25		OF		150		1
	independant	f ; ;	Minus	***		:	- 1			-	1-	***		1
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						•	ADS	TOTAL OIT, FEE		OR	AD	TOTAL. DIT. FEE		j
						6 + 4 A								
: -		CLAIMS REMAINING	1	HUMBER				ì	-ICGA	- 		1	FOOL	1
		AFTER · AMENDMENT		PREVIOUS	LY	PREȘENT EXTRA	F	MTE	IAMOIT	-		RATE	LIONYL	
	Total	*	Minus	PAID FOR	1		-	::20	FEE	-	 	(50	.FEE_	İ
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ti	FIRST PRESE	NTATION OF MU	L JLTIPLE DEJ	PENDENT CL	MIA.		L [×]	100		OR		1200		i J
	·	•		•	•	, , , , , , , , , , , , , , , , , , , 	1 +	180		OR.	1+	360	•	
H I	the entry in colum	nn I is less than the order Previously Pa	e entry in cau	mn 2, write "0"	in colu	an 3.	1	1014		OR	<u>ا</u>	TOTAL		:
4/	the "Highest Nud	hber Previously Pa	IS FOR IN THE	S SPACETS les	s than	3, enter ** *		π. FEE Ļ		_4		OIT. FEE L	<u></u> .	
40	io riignesi numi	ber Previousty Paid	no tabol.) non i	independenty i	is the f	nghest nomit eclo	ound is	i the appo	ropnate b	ox tu cb	#UTH	i i •		•

Application or Docket Number